

COORDINATED SCHOOL HEALTH

STATEMENT OF PURPOSE:

All schools should strive toward incorporating a coordinated school health approach to enhance student health outcomes and academic achievement.

AUTHORIZATION/LEGAL REFERENCE:

16 V.S.A. Chapter 5 § 216 - Wellness program

SUGGESTED SCHOOL NURSE ROLE:

Serve as the facilitator of a school health team.

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLE:

Collaborate with administration/staff, students and community members to establish a coordinated school health approach.

RESOURCES:

- Centers for Disease Control - <http://www.cdc.gov/HealthyYouth/publications/infrastructure/>
- Department of Health and Human Services, Stories From the Field, 2003
- Hoyle, T. The Mariner Model: Charting the Course for Health-Promoting Schools and Communities. Somerville, SC: Hoyle & Associates, 1996
- Marx, E., Wooley, S., Health is Academic. Teachers College Press, 1998
- School Health Index developed by CDC & available at: <http://apps.nccd.cdc.gov/shi/HealthyYouth/intro.htm>
- Shirer, PhD, K., Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Advisory Councils, American Cancer Society, 2003
- Vermont Department of Education - <http://www.state.vt.us/educ/>
- Vermont Department of Health – (802) 652-4178

SAMPLE POLICIES, PROCEDURES, AND FORMS:

- Vermont Coordinated School Health Model
 - Critical Structures for Coordinated School Health
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Vermont Coordinated School Health Model

The Centers for Disease Control and Prevention promotes the establishment of a coordinated school health (CSH) approach in schools as the strategy necessary to improve students' health and thereby their capacity to learn. Education and health are indisputably linked. While schools cannot address all of children's health needs, their window of opportunity to prevent or reduce risky student health behaviors is vast. A coordinated and comprehensive approach targets key risk factors to health and learning; incorporates multiple strategies for prevention and education about health; gains support from students, parents, friends and adults within the community and employs a program planning process involving a wide variety of stakeholders. This is the key to success.

Vermont's Coordinated School Health model consists of nine components. A School Health Action Committee (SHAC) bolsters the implementation of these components and is a vital part of this model. The role of the SHAC is to identify, prioritize and plan for and implement action steps toward coordinating school health programs. Committee responsibilities may include, but are not limited, to:

- Program planning and implementation;
- Fiscal planning;
- Evaluating existing and new programs and services;
- Ensuring accountability and quality control;
- Assessing the health concerns and needs of students;
- Advocating for school health evaluation through visibility and sufficient resource allocation;
- Establishing and enhancing linkages with parents, families, community and local and state agencies.

The committee membership should represent a diverse cross section of the school community. Representation on the committee may include school staff, community health professionals, clergy, local business owners, parents, students, community agency staff members who are working with youth, law enforcement representatives and others interested in this initiative.

A coordinated school health approach reinforces positive healthy behaviors throughout the school community in several ways. For example, school nutrition services can serve appealing, nutritious foods that meet the USDA Dietary Guidelines, display informational materials that reinforce classroom lessons on nutrition and participate in the design of nutrition education programs. Students participating in youth programs can plan and implement school wide health initiatives that impact the school environment and staff and student wellness. Schools can offer parent education programs focusing on topics that parallel those in classroom curriculum. Physical education instructors can encourage lifelong physical activity by integrating instruction about health-related fitness throughout the year, including cardiovascular endurance, flexibility, muscular strength and endurance and body composition.

Nine Components of Vermont's Coordinated School Health Model:**1. Promoting learning and adopting healthy behaviors**

Health education provides children and youth the information and skills they need to make good choices in life. Students must have opportunities to integrate this knowledge, evaluate its relevance for themselves and apply these skills and behaviors within their school, home and community.

This component promotes:

- a planned, sequential, pre K-12 standards-based health education program that addresses the physical, mental, emotional and social dimensions of health;
- motivates and assists students to maintain and improve their health and reduce risky behaviors;
- access to valid health information;
- practice of health enhancing behaviors and reduction of health risks;
- ability to analyze the influence of culture, media, technology and other factors on health;
- use of interpersonal communication skills to enhance health;
- use of goal setting and decision-making skills;
- advocacy for personal, family and community health;
- integration of health instruction in other curriculum areas such as physical education, driver and traffic safety education, family and consumer sciences and developmental guidance; and
- an understanding of the human body and the impact of the environment on it.

2. Modeling and encouraging the achievement of life-long physical fitness

Physical activity on a regular basis will increase physical competence, health-related fitness, self-esteem and enjoyment. It improves one's muscular strength, flexibility, muscular endurance, body composition and cardiovascular endurance. Physical activity reduces tension and anxiety, strengthens peer relationships and reduces risk of chronic disease.

Participation in physical activity is associated with improved academic outcomes; maintenance of positive interpersonal relationships, increased concentration; improved mathematics, reading and writing assessment scores and reduced disruptive behaviors.

This component promotes:

- a physically active lifestyle;
 - achievement and maintenance of a health-enhancing level of physical fitness;
 - responsible personal and social behaviors in physical activity settings;
 - opportunities for enjoyment, challenge, self-expression and social interaction;
 - education about the benefits of life-long physical activity;
 - environments which support physical activity opportunities for students, families and community members; and
 - quality physical education programs within the school setting.
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3. Enhancing school health services

School health services are essential to reduce learning barriers and to help prevent student health problems and injuries. Schools and communities must work together to ensure the availability of age-appropriate health services. Most often a full or part-time school nurse staffs the school health services program. In an effort to provide children and families with more accessible health care, some schools have expanded services to offer school-based health centers.

This component promotes:

- school-based health services to appraise, protect and promote health;
- access and referral to primary health care services;
- prevention and control of communicable disease and other health problems;
- emergency care for illness or injury;
- education and counseling opportunities for promoting and maintaining individual, family and community health; and
- collaborative efforts with parents and community health resources.

4. Encouraging healthful nutrition

Diet is linked to a number of physical health problems of childhood and adolescence, including obesity, anorexia, bulimia and dental caries. Children's brain function, and consequently school performance are diminished by even short-term or periodic hunger or malnutrition caused by skipping meals. Evidence shows that dietary behaviors tend to stay constant over time and poor eating habits established in childhood tend to persist through adulthood. Promoting healthy eating behaviors positively affects the health of students throughout their lives.

This component promotes:

- access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students and are consistent with U.S. Dietary Guidelines;
- access to culturally and medically appropriate foods that promote growth and development, pleasure in eating and long-term health;
- nutrition education programs that assist students in gaining the knowledge, attitudes and skills they need to develop healthy eating patterns;
- School Breakfast Program;
- including food service staff in developing classroom nutrition curricula; and
- making snacks that are of high nutritional value available to students.

5. Supporting social and emotional well-being

School counseling, psychological and social services are designed to prevent and address problems, facilitate positive learning and healthy behaviors and to enhance healthy development. Chronic emotional stress hinders the development of new networks within the brain associated with learning and memory. Even short-term stress can lead to neuron destruction and an inability to make clear judgments and distinguish between important and unimportant details. Establishment of comprehensive integrated approaches to addressing barriers to student learning and enhancing healthy development will lead to overall improvement of academic achievement.

This component promotes:

- accessible school counseling, social services and psychological and mental health services for all students;
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- overcoming barriers to learning such as lack of food, clothing, housing and sense of security;
- prevent and address social and emotional problems that reduce students' ability to concentrate on academic pursuits;
- building the assets described in the Circle of Courage model (independence, belonging, generosity and mastery); and
- healthy psycho-social development.

6. Creating Positive Learning Environments

To learn and teach most effectively, students and staff must be in settings where they feel safe, supported and comfortable.

This component promotes:

- safe and aesthetically pleasing equipment, buildings and grounds;
- a culture that promotes an equitable, safe and healthy climate for all students; and
- policies, procedures, and conditions that support the well-being of students and staff.

7. Promoting Faculty and Staff Wellness

As staff pursue healthier lifestyles, morale and productivity will improve, absenteeism will decrease, health insurance costs will be reduced and students will benefit from an increased awareness of the importance of good health.

This component promotes:

- opportunities for fitness activities;
- health assessments;
- education and support programs;
- screening and early detection of health problems;
- education and supportive activities to reduce risk factors;
- organizational policies that promote a healthful and supportive worksite; and
- health care, insurance and related health support activities.

8. Developing and supporting programs for children and youth

After-school activity programs, mentoring programs and youth service projects provide children and youth the opportunity to expand their social skills, increase their self-confidence, be physically active, discover new areas of interest and to develop connections, strengthen their competence and provide opportunities for contributions at home and in the community. Academic and social outcomes have been shown to increase as a result of providing service to others.

This component promotes:

- supervised activities, such as athletics, clubs, peer leadership programs, and service learning that occur outside or within the curriculum; and
 - youth programs focused on personal development, social responsibility, reasoning, problem-solving, and communication skills.
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9. Connecting school, parents and community

Numerous reports and studies have found the amount of support from parents is the single most significant factor as to why some schools perform at higher levels of academic achievement. When families are involved in their children's education, children achieve higher grades, have better attendance, complete more homework, demonstrate more positive attitudes and behavior and graduate at higher rates.

This component promotes:

- school health action committees;
 - coalitions, which build support for school health program efforts;
 - involving parents; and
 - creating partnerships among adults, community members and schools.
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Critical Structures for Coordinated School Health

Purpose: To increase the capacity of the school communities to help students grow up healthy and be successful learners.

Health Coordinator (roles can be shared):

- Convenes, strengthens, supports, facilitates and institutionalizes the district health council/school committees
- Supports the development of local or school-based health facilitators and committees
- Recruits stakeholders
- Facilitates implementation of school health programs
- Engages and empowers others
- Advocates for Coordinated School Health

District (Supervisory Union) Health Council:

- Develops vision, mission and goals for district-wide coordinated school health
- Develops district-wide plan for coordination of school health
- Assists with district policy development
- Supports local or school-based teams and their action plans
- Advocates for school health in the broader community
- Provides or arranges for district staff development
- Links local efforts with regional, state, and national organizations
- Assesses needs and evaluates progress
- Provides a forum for all schools' representation and community involvement

School Health Action Committee(s)

- Develops vision, mission and goal and measurable objectives for coordinated school health
 - Develops action plan for school-based initiatives
 - Identifies existing and potential resources
 - Monitors and evaluates action plan
 - Coordinates activities with District Health Council
 - Assesses needs
 - Implements and evaluates progress
 - Provides input and feedback regarding decisions of District Health Council
 - Provides a forum for representation from staff, students, and community members
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